

## Requirements for Provider Type 01-010 – Acute Care Inpatient Facility

### Specialty and Code

- 010 Acute Care Inpatient Facility
- 016 Emergency Room Arrangement 1
- 017 Emergency Room Arrangement 2

### Provider Eligibility Program (PEP)

- Fee-for-Service
- Healthy Beginnings +

### Required Documents for Provider Type 01-010

The following documents and supporting information are required by the Bureau of Fee-for-Service Programs for enrollment (please ensure all documents are legible):

Please note that all Acute Care Inpatient Facilities (01-010) must be certified by Medicare **prior** to enrollment with Pennsylvania Medical Assistance.

- Completed application for the enrollment of an Acute Care Inpatient Facility – application must include:
  - Signed Inpatient Provider Agreement with original signature of an executive officer;
  - Completed Ownership or Control Interest Disclosure form; and
  - Completed Emergency Room supplementary application, if applicable
- Copy of Hospital license issued by Department of Health (DOH)
  - If this license does not list the number of beds authorized, submit additional documentation confirming the number of beds in the facility
- Utilization Review Plan approved by Medicare or, for a hospital not participating in Medicare, a Utilization Review Plan approved by the Office of Medical Assistance Programs
- Copy of certification from an accrediting agency, such as: The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the American Osteopathic Association (AOA), or Det Norske Veritas Healthcare, Inc., if applicable
  - If application is for an Out-of-State Provider, submit proof of current home state Medicaid participation
- Copy of Clinical Laboratory Improvement Amendments (CLIA) and PA DOH lab permit
  - Requirement for a PA DOH-issued clinical lab permit applies equally to both In-State and Out-of-State providers
- Documentation generated by the IRS showing both the Hospital's legal name and FEIN—documentation must come from the IRS; this Department **does not** accept W-9s
- If Provider is tax-exempt, submit IRS 501 (c)(3) letter confirming this status
- Copies of Corporation papers issued by the Department of State (DOS) Corporation Bureau
- If Hospital operates under a fictitious name, submit copy of D/B/A filing with the DOS Corporation Bureau
- If dispensing hearing aids, submit copy of Certificate of Registration from the DOH
- If Provider wishes to apply to determine Presumptive Eligibility (PE) for patients, refer to MA Bulletin 01-15-32 for additional information regarding the mandatory training module

Acute Care Hospitals (01-010) should apply online via our Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us/>.  
If circumstances do not allow online submission and the Medicare Fee has already been paid, send application and documents to:

**DHS Provider Enrollment**  
**PO Box 8045**  
**Harrisburg, PA 17105-8045**  
**Fax: (717) 265-8284**  
**E-mail: [RA-ProvApp@pa.gov](mailto:RA-ProvApp@pa.gov)**